## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

Date of Request: 9/14/69   2 Serial/Patent # 05/734 7534   7534	REQUEST FOR PATENT FEE REFUND				
3 Please refund the following fee(s):    Filing	1 Date of Request: 9/14/99 2 Serial/Patent # 05/724,752				
Amendment  Extension of Time  Notice of Appeal/Appeal  Petition  Issue  Cert of Correction/Terminal Disc.  Maintenance  Assignment  Other  7 TOTAL AMOUNT OF REFUNDED BY:  Treasury Check  Overpayment  Duplicate Payment  No Fee Due (Explanation):  FEES NOT NELESANN  11 REFUND REQUESTED BY: 8 FAMILIAN  TYPED/PRINTED NAME: 8 FLANKAN  TYPED/PRINTED NAME: 8 FLANKAN  TYPED/PRINTED NAME: 8 FLANKAN  TITLE: SUP PET EXP.  PHONE: 305-7203  OFFICE:  4700  THIS SPACE RESERVED FOR FINANCE USE ONLY:	3 Please refund the following fee(s):			6 AMOUNT	
Extension of Time    Notice of Appeal/Appeal   \$   \$   \$   \$   \$   \$   \$   \$   \$	Filing	,		\$	
Notice of Appeal/Appeal  Petition  Issue  Cert of Correction/Terminal Disc.  Maintenance  Assignment  Other  7 TOTAL AMOUNT OF REFUND  8 TO BE REFUNDED BY:  Treasury Check  Coverpayment  Duplicate Payment  No Fee Due (Explanation):  FEES NOT NELESARY  11 REFUND REQUESTED BY: 8 FLANAGAN  TYPED/PRINTED NAME: 8 FLANAGAN  TYPED/PRINTED NAME: 8 FLANAGAN  TYPED/PRINTED NAME: 8 FLANAGAN  TITLE: SLAP PET EXP.  PHONE: 305-72002  OFFICE:  4700  THIS SPACE RESERVED FOR FINANCE USE ONLY:	Amendment			\$	
Petition  Issue  Cert of Correction/Terminal Disc.  Maintenance  Assignment  Other  TOTAL AMOUNT OF REFUND  TO	Extension of Time	11	2/20/19	\$ 435	
Cert of Correction/Terminal Disc.  Maintenance  Assignment  Other  7 TOTAL AMOUNT OF REFUND  8 TO BE REFUNDED BY:  Treasury Check  Overpayment  Duplicate Payment  No Fee Due (Explanation):  FEES NOT NELESARY  11 REFUND REQUESTED BY: 8 FLANGON  TYPED/PRINTED NAME: 8 FLANGON  TITLE: SUP. PET. EXP.  PHONE: 305-7202  OFFICE:  4700  THIS SPACE RESERVED FOR FINANCE USE ONLY:	Notice of Appeal/Appeal			\$	
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7 TOTAL AMOUNT OF REFUND \$ 435  8 TO BE REFUNDED BY:  10 REASON: Treasury Check  Overpayment	Assignment	í		<b>\$</b> .	
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SIGNATURE: PHONE: 305-7202  OFFICE: 4700  **********************************	11 REFUND REQUESTED BY: B. FLANAGAN				
OFFICE: 4700  THIS SPACE RESERVED FOR FINANCE USE ONLY:	TYPED/PRINTED NAME: B. FLANAGAN TITLE: SLIP. PET. EXQ.				
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THIS SPACE RESERVED FOR FINANCE USE ONLY:  APPROVED: DATE: 9-15-99	office: <u>/ 4700 /</u>	• • • • • • • • • • • • • • • • • • •	****		
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: